



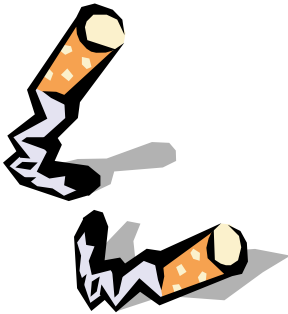
### THE CONNECTION

#### NEWSLETTER

LINKING HEALTH AGENCIES AND COMMUNITY ORGANIZATIONS THAT WORK WITH MINORITIES IN UTAH

July 2007 Issue # 13

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#### UTAH DEPARTMENT OF HEALTH ADOPTS TOBACCO-FREE CAMPUS POLICY

Starting July 1, 2007, anyone visiting or working for the Utah Department of Health (UDOH) will either need to find somewhere else to light up or quit smoking. The UDOH has adopted a tobacco-free policy for its buildings and grounds, and cessation services are offered to those who want to kick the habit.

“Going smoke-free is just the right thing to do,” said Dr. David Sundwall, UDOH Executive Director. “Not only is smoke an irritant for non-smoking staff and patrons, but secondhand smoke can cause lung cancer, heart disease, and illness in children. We couldn’t in good conscience allow open smoking on our grounds any longer,” he said. The goal of the tobacco-free policy is to improve the health of UDOH employees and visitors by both reducing exposure to secondhand smoke and promoting quitting. Cutting tobacco use also increases productivity, lowers absenteeism, and reduces medical and other costs associated with tobacco use in the workplace.

UDOH buildings have been smoke-free since 1995, in compliance with the Utah Indoor Clean Air Act, but until the enactment of this policy, patrons and employees had been able to smoke 25 feet away from entrances and anywhere on the outdoor campus. Smoking will now be banned on all UDOH grounds, including sidewalks and parking lots. “We urge other government agencies and businesses to adopt similar policies,” stated Dr. Sundwall. “The UDOH and our partners will provide free advice and assistance throughout the implementation process to anyone who needs it.” The Utah Tobacco Quit Line and Utah QuitNet are two such services. To learn more, call 1-888-567-TRUTH, or log on to [www.utahquitnet.com](http://www.utahquitnet.com)

More than 200,000 Utahns currently use tobacco. Each year, more than 1,100 Utah adults die as a result of their own smoking, and an estimated 140 to 250 adults, children, and infants die due to secondhand smoke exposure. The Utah economy loses a staggering \$530 million annually to smoking-related medical and productivity costs. The U.S. Surgeon General has stated there is no risk-free level of exposure to secondhand smoke; that even brief exposure can be dangerous. The Environmental Protection Agency classifies secondhand smoke as a Class A carcinogen, the most dangerous category of cancer-causing agents.

Tobacco-free environments are a national and international trend, with new policies being enacted in businesses, parks, and other environments almost daily. Utah is part of this trend, and the UDOH is a leader in protecting the health of its citizens.

(Source:UDOH/Utah Health News)

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## NAVAJO NATION PUBLISHES YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM RESULTS

The Navajo nation and the Indian Health Service administered the Youth Risk Behavior Surveillance System (YRBS) within the Navajo nation between 1997 and 2003. They have recently published these results to the Internet, at <http://www.yrbs.navajo.org/>, providing the public with Navajo youth prevalence rates for a variety of health issues such as violence and injury, tobacco, alcohol and other drug use, sexual behavior, diet, and physical activity.

On several occasions, community members have asked for surveillance data about specific Utah tribal groups. Generally, CMH cannot provide such data because state surveillance surveys only share information about the Native American or American Indian race as a whole and cannot disaggregate data into small groups such as members of certain tribes. This website is a valuable resource to health programs that serve Navajo youth in Utah.

Part of the Navajo nation is located in southeastern Utah, but the nation also extends into Arizona and New Mexico. The Navajo YRBS does not disaggregate results by state, but we do not have any reason to believe that youth in the Utah part of the Navajo nation are very different from their peers in Arizona and New Mexico.

For more information, please visit <http://www.yrbs.navajo.org/>.

## UTAH'S HEALTH CARE SAFETY NET IS ON THE WEB

The Division of Health Systems Improvement (HSI) and Utah Department of Health (UDOH) are pleased to announce a new and valuable Web site called Utah's Health Care Safety Net. The site is just what the name implies: a safety net for Utahns who don't have health insurance or don't have good enough coverage to meet all their medical needs.


This new site is the result of the UDOH's efforts to partner with other public and private health care providers to better understand and serve uninsured and underinsured Utah residents. The site will help providers learn about and address health care access issues and evaluate possible solutions that will improve access in Utah.

The Health Care Safety Net Web site is designed to connect Healthcare Safety Net providers with each other and will also be a source of information sharing. In time, the site will also help patients connect with providers and provide an avenue for data collection and reporting. The site is hosted by UDOH and community co-sponsors. Health Care Safety Net members include: medical, dental and mental health providers, as well as referral agencies and others.

Feel free to browse the new site at: <http://health.utah.gov/safetynet/>

*(Source:UDOH/Utah Health News)*

## HEALTH SECURITY WATCH-JUNE 2007 TRACKING POLL



Since February 2004, the Kaiser Health Security Watch has asked several questions to compare Americans' health care worries to their worries about other possible problems. We have consistently found that more Americans are worried about their health care costs than about losing their job, paying their rent or mortgage, losing money in the stock market, or being the victim of a terrorist attack.

In a scale that combines six individual questions about people's ability to access and pay for care, the share of the public that is worried has been fairly steady over the past year. After a three-year low of 56% in February 2006, the percent expressing worry has remained consistent at around six in ten, with nearly four in ten saying they are very worried.

Worries historically differ for different demographic groups, and in our two most recent tracking surveys, two groups stand out as being particularly worried about their own ability to access and pay for health care: those with lower incomes and racial and ethnic minorities.

Worries among those with incomes under \$20,000 have been increasing since 2006, and in June 2007, 59% of this group reports being very worried, compared with 25% of those with incomes of \$50,000 or more. This increase resulted in the largest gap between the lowest and highest income groups since we began tracking these questions -- a 34 percentage point difference.

Historically, minorities have expressed higher levels of concern about their health care than whites, and our March and June 2007 surveys showed record high levels of worry among minorities, with nearly six in ten saying they are very worried about their health care, compared with fewer than three in ten whites. The gaps between whites and minorities were 29 percentage points and 27 percentage points in March and June 2007, respectively, which are the largest gaps between the two groups since we began tracking these questions.

Full report available at:

<http://www.kff.org/healthpollreport/CurrentEdition/security/upload/HSW0607.pdf>

*The Kaiser Health Security Watch is a set of tracking questions asked since February 2004 that together serve as a barometer for monitoring people's level of concern about their ability to access and pay for health care. The survey and analysis are prepared by Dr. Mollyann Brodie, Vice President and Director, Public Opinion and Media Research, Elizabeth Hamel, Claudia Deane, and Carolina Gutiérrez.*

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## UNP, SLCAP, AND ZIONS BANK TEAM UP TO ADMINISTER FUND TO AID HARTLAND RESIDENTS

University Neighborhood Partners (UNP), Salt Lake Community Action Program (SLCAP), and Zion's Bank have teamed up to administer an account that accepts private donations that will help the hundreds of residents living at the Hartland Apartment Complex. The funds will support families dealing with rent increases and relocation. Donations are now being accepted at Salt Lake Community Action Program, 764 South 200 West. Checks should be made out to SLCAP/Hartland Project. Inquiries can be made to SLCAP at 801-359-2444.

Funds raised will be distributed by SLCAP. Applicants will only be eligible for consideration if they have participated in a financial education program including budgeting. This family financial literacy program will be offered by the College of Social Work faculty and students in collaboration with the SLCAP staff.

Teams of faculty and students from the department of family and consumer studies began working early on with community partners and Hartland residents to develop a Financial Fitness program through the UNP-Hartland Partnership Center, an on-site campus-community capacity-building project co-created by University members and residents. The UNP-Hartland Center has provided a set of resources—such as home buyer education, health access, English-as-a-Second Language classes, and early childhood programs—directly to the rental complex since 2004.

The community at Hartland Apartments is a 300 unit complex located near 1700 South and Redwood Road. Some of the units have been subsidized for low-income residents. Hartland is one of the resettlement sites for the two primary refugee resettlement agencies in Salt Lake. Hartland is home to nearly 1,000 adults and children from all over the world—Somalia, Peru, Sudan, Central and Eastern Europe, Mexico, and the United States. Over 75 percent of the residents are non-native English speakers

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## FAMILY BLAMES LACK OF MEDICAL INTERPRETERS IN YOUNG WOMAN'S DEATH

LOS ANGELES - A young Korean woman died late last year while receiving treatment for cancer at a Los Angeles County public hospital, leaving behind a husband and two children. Family and friends of the woman say her death could have been prevented had the hospital provided adequate interpreter services.

The young woman known as Ms. Kim, 36, had been undergoing chemotherapy for stomach cancer before she died. Her family says that they made several requests for an interpreter during those treatments, but hospital staff said that no one was available. Her family also said that on another occasion, Kim had scheduled an appointment to see her doctor, but waited all morning for a Korean-language interpreter. When no one arrived, Kim left the hospital without seeing her doctor.

Relatives say that when Kim was discharged from the hospital in 2005, she was coerced by hospital staff into signing a document that essentially terminated further treatment. Kim's illness worsened when she returned home. She returned to the hospital five months after her discharge, this time accompanied by an interpreter, who then explained to Kim that she had signed an agreement ending all treatment. Kim's family holds the hospital responsible for her death, saying that the hospital never explained the reasons for ending her treatment. Kim spent many hours in the hospital, waiting in vain for an interpreter who could help her communicate with doctors, her family and friends say.

Yung Sunh Park, an attorney with the Asian Pacific American Legal Center of Southern California, says the hospital violated federal law, which requires all state-funded hospitals to provide language services to non-English-speaking patients. "I fully expect a lawsuit to be brought against the hospital for Kim's death," Park says.

A relative of Kim's told Korean media, "For patients who struggle with language barriers, their lives depend on the hospital providing medical interpreters."

*Source: Korea Times, News Report, Seok Ho Lee, Translated by Aruna Lee, Posted: Jun 19, 2007*

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## GRANT OPPORTUNITIES ( I )

### Community Partnerships to Eliminate Health Disparities Demonstration Grant Program

- Agency: HHS/Office of Minority Health
- Estimated Funds Available for Competition: \$5,850,000 in FY 2007
- Anticipated Number of Awards: 23 to 29
- Range of Awards: \$200,000 to \$250,000 per year
- Closing Date for Applications: July 11, 2007
- Anticipated Start Date: September 1, 2007
- Period of Performance: 3 Years (September 1, 2007 to August 31, 2010)
- Budget Period Length: 12 months

This program is intended to ascertain the effectiveness of collaborative community-based interventions, implemented at the grassroots level, on reducing health disparities among racial and ethnic minority populations, and demonstrate the effectiveness of the collaborative partnership approach in developing, implementing and conducting demonstration projects in high-risk minority communities, reducing social, cultural and linguistic barriers to health care and implementing/adapting existing promising practices/model programs for targeted minority communities.

Applicants must identify anticipated project results that are consistent with the overall Community Partnerships Program purpose and OMH expectations. Project results should fall within the three of the five general categories:

- Increasing awareness of health disparities;
- Strengthening leadership at all levels for addressing health disparities;
- Improving patient-provider interaction;
- Improving cultural and linguistic competency; and/or improving coordination and utilization of research and outcome evaluations.

More information <http://www.omhrc.gov/templates/content.aspx?ID=5103&lvl=2&lvlID=1>

### Bilingual/Bicultural Demonstration Grant Program

- Agency: HHS/Office of Minority Health
- Estimated Funds Available for Competition: \$2,300,000 in FY 2007
- Anticipated Number of Awards: 12 to 15
- Range of Awards: \$150,000 to \$175,000 per year
- Closing Date for Applications: July 28, 2007
- Budget Period Length: 12 months

The purpose of the Bilingual/Bicultural Program is to improve the health status of LEP minority populations by eliminating disparities. Through this FY 2007 announcement, OMH is continuing to build communication bridges and reduce the linguistic, cultural and social barriers LEP minority populations encounter when accessing health services by supporting programs that focus on: improving and expanding the linguistic and cultural competence capacity and ability of health care professionals and paraprofessionals working with LEP minority communities, and improving the accessibility and utilization of health care services among LEP minority populations.

More information [2007 Bilingual/Bicultural Demonstration Grant Program](#)

For more grant opportunities visit the previous issues of *The Connection*  
<http://www.health.utah.gov/cmh/news.html#newsletters>




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**GRANT OPPORTUNITIES (II)**
**Indian Alcohol and Substance Abuse Program: Technical Assistance and Training Coordination and Implementation**

- Agency: Bureau of Justice Assistant
- Closing Date for Applications: Aug 21, 2007

The Indian Alcohol and Substance Abuse Program (IASAP) provides resources to federally recognized tribal governments to plan and implement comprehensive strategies to reduce and control crime associated with the distribution and abuse of alcohol and other controlled substances. Key objectives include: establishing a multi-disciplinary advisory team to plan and implement the proposed strategy; identifying, apprehending, and prosecuting individuals who illegally transport, distribute, and use alcohol and controlled substances in tribal communities; preventing and reducing methamphetamine, alcohol, and substance abuse-related crimes; increasing coordination among all levels of tribal government and support services; and integrating federal, tribal, state, and local services and culturally appropriate treatment for offenders and their families.

Applicants are limited to tribal and non-tribal for-profit (commercial) organizations, non-profit organizations, faith-based and community organizations, institutions of higher learning, and consortiums with demonstrated national-level and onsite experience with American Indian and Alaska Native Communities in planning and implementing comprehensive strategies to reduce and control crime associated with the distribution and abuse of alcohol, methamphetamine, and other controlled substances.

More information: <http://www.ojp.usdoj.gov/BJA/grant/07IASAPTTAsol.pdf>

**Cost Effective Health Promotion Interventions/Programs for Older Workers**

- Agency: Department of Health and Human Services
- Closing Date for Applications: September 17, 2007

The National Institute on Aging and the National Institute of Mental Health invites Small Business Innovation Research (SBIR) Grants to develop risk reduction programs (also referred to as health promotion, health management, demand management, and disease prevention programs) that have been tested in the private sector and apply them to older US workers (ages 55-64 years). The goal of these interventions is to improve the health (including mental health) of older workers, reduce avoidable health care utilization, and be cost-effective for employee insurance plans.

- Eligible Institutions/Organizations: Only United States SBCs are eligible to submit SBIR applications.
- Eligible Project Directors/Principal Investigators: Individuals with the skills, knowledge, and resources necessary to carry out the proposed research are invited to work with their organization to develop an application for support. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply for NIH support. On an SBIR application, the PD/PI must have his/her primary employment (more than 50%) with the SBC at the time of award and for the duration of the project.

More information <http://www.grants.gov/search/search.do?mode=VIEW&opId=14584>

For more grant opportunities visit the previous issues of *The Connection*  
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## GRANT OPPORTUNITIES (III)

## 2008 Healthy Vision Community Awards

Agency: The National Eye Institute (NEI)  
 June 25, 2007: Applications available  
 August 31, 2007: Applications must be postmarked  
 January 2008: Awardees notified

The National Eye Institute (NEI) recognizes the importance of strengthening the capabilities of community-based organizations to develop innovative eye health education and promotion projects. The Healthy Vision Community Awards Program provides awards of up to \$10,000 each and is intended to stimulate collaborative initiatives that support the vision objectives in Healthy People 2010. The objectives address examinations and prevention, eye diseases, injury and safety, and vision rehabilitation. The 2008 Healthy Vision Community Awards will support the objectives listed below:

- 28-2. Vision screening for children
- 28-3. Impairment due to refractive errors
- 28-5. Impairment due to diabetic retinopathy
- 28-6. Impairment due to glaucoma
- 28-9. Protective eyewear
- 28-10. Vision rehabilitation services and devices

More information: <http://www.healthyvision2010.nei.nih.gov/news/hvca/default.asp>

## Community Mini-Grant Program

- Agency: Utah Department of Health /Chronic Disease Genomics Program
- Purpose: To encourage organizations to promote family health history in their communities and accomplish the goals outlined in the Utah Genomics Plan. Applications available July 1, 2007
- Funding Available: Applicants may apply for short-term funding (November 1, 2007 to June 30, 2008) up to \$5,000. There is no predetermined number of projects to be funded. We anticipate 1-3 projects will be funded.
- Deadline: September 5, 2007 by 5 pm

More information: <http://health.utah.gov/genomics/pages/minigrants.html>

## Building Healthy Communities for Active Aging

- Agency: The U.S. Environmental Protection Agency
- Closing Date for Applications: October 17, 2007

Building Healthy Communities for Active Aging. Building Healthy Communities for Active Aging is a collaborative effort with the President's Council for Fitness and Sports, the Centers for Disease Control and Prevention, the National Council on Aging's Center for Healthy Aging, the National Blueprint Initiative and Active for Life.

More information about the award is available on our website at [www.epa.gov/aging/bhc/awards/index.htm](http://www.epa.gov/aging/bhc/awards/index.htm)



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## GRANT OPPORTUNITIES (IV)

### Mini Grant Program

- Agency: The Utah Department of Health/ Heart Disease and Stroke Prevention Program
- Purpose: To use educational and systems change to improve control of high blood pressure and high blood cholesterol in Utah's Hispanic or Utah's frontier (6 or fewer people per square mile) populations.
- Funding available: up to 8,000 per application
- Deadline for applications: August 6, 2007
- Eligibility: Agencies, Clinics, Community-Based Organizations, or Local Health Departments that are currently providing services for the targeted populations are eligible to apply for funding. The HDSPP does not award grants to individuals. Funds cannot be used for research or to provide direct services, such as lab tests and medication.

For more information contact Karen Coats (801-538-6227 [kcoats@utah.gov](mailto:kcoats@utah.gov))

### Rural Economic Development Grants

- Agency: USDA
- Application Deadline: September 6, 2007

USDA Rural Development announces the availability of \$6 million in rural community development initiative (RCDI) grants designed to support rural economic and community development efforts.

RCDI grants are provided to qualified intermediary organizations, such as, private nonprofits, low-income communities, and federally recognized tribes. These intermediaries assist nonprofits, community-based housing and development organizations, federally recognized Indian tribes and low-income communities located in rural areas (population 50,000 or less). This financial and technical assistance can help with projects related to housing, community facilities, or community and economic development.

Intermediaries are required to provide matching funds at least equal to the value of the USDA grants. Minimum grant is \$50,000, maximum \$300,000. Funding of selected applicants will be contingent upon meeting conditions of the grant agreement. Grants may also be used to provide resources for professional services, build on organizational capacity, developing strategic plans, board operations, management, financial systems, and information technology.

More information: <http://www.rurdev.usda.gov/rhs/rcdi/index.htm>

### Public Health Fellowship in Government

- Agency: American Public Health Association
- Application Deadline: July 20, 2007

APHA is looking for candidates with strong public health credentials who wish to work in a congressional office on legislative and policy issues related to health and the environment. The fellowship will begin in January 2008 and continue through December 2008. All candidates must have a MPH or a Doctorate in a public health discipline plus 5 years of experience in a public health setting. More Information [www.apha.org/advocacy/fellowship](http://www.apha.org/advocacy/fellowship)

For more grant opportunities visit the previous issues of *The Connection*  
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**ABOUT THE CMH**

The Center for Multicultural Health (CMH) is the Utah office of minority health. It is part of the Utah Department of Health, Division of Community and Family Health Services.

Our mission is to promote accessible and high-quality programs and policies that help all racial and ethnic minorities in Utah achieve optimal health. We accomplish our mission by increasing public and health professional awareness of persistent race/ethnic disparities and by developing effective health policies and culturally competent programs that lead to better access and utilization of quality health care services in Utah.



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**The Connection**

**Production Editor:**  
Dulce A. Díez

*The Connection* is published monthly

If you work for the Utah Department of Health, Local Health Departments, or Community Organizations, we would like to hear from you. Please submit feedback, suggestions, ideas, or articles to: [ddiez@utah.gov](mailto:ddiez@utah.gov)

**UPCOMING EVENTS****Family Health History Task Force Meeting**

**Date:** July 11 from 2:30 to 4:00 pm

**Place:** Room 101, Utah Department of Health

**Utah Breast Cancer Taskforce/Needs Beyond Medicine**

Financial assistance (up to \$250) for breast cancer patients or families who face temporary financial difficulties.  
More information: 801-296-7177

**Multicultural Health Network Summit**

- **Date:** August 10, 2007 in Salt Lake City
- **Registration and Agenda:** Available online very soon. Check our website [www.health.utah.gov/cmh](http://www.health.utah.gov/cmh)
- **Exhibitors and sponsors:** please contact Lois Bloebaum (801-538-6992 or [lbloebaum@utah.gov](mailto:lbloebaum@utah.gov))

**Weight Management Program for Overweight Latino Teens (12 -16 years of age)**

It is called Eat & Live Well and is FREE to participants. In order to be in the program they must be overweight (BMI >95th percentile), be Latino/Hispanic and be 12 - 16 years of age. It is an 8-week program and teaches healthful eating and physical activity as well as dealing with some of the psychological barriers to making good nutrition and activity choices. It takes place at Kearns Oquirrh Park Fitness Center (4800 W 5642 S) from 3:00 - 5:00 on Tuesdays beginning June 26th. For more information call Nikki 585-6334

**Facilitators for Chronic Disease Self Management Program**

SLCO Aging Services, Healthy Aging Program is looking for facilitators for a Chronic Disease self management program called Living Well with Chronic Conditions. They will be offering 4-day training on July 11, 12, 18 & 19 for those who are interested. In order to be trained as a facilitator, interested individuals will need to attend all four days of training. If you and/ or the population you serve are interested, please contact the Healthy Aging Program at 468-2772 or Katie Tingey at [ktingey@slco.org](mailto:ktingey@slco.org)

**Salt Lake American Muslim Cultural Festival**

This event focuses on social services to low-income people and inclusion of multi-faith and multi-ethnic diversity. an event recognized by the Governor and both the City and County Mayors.

More information: Ghulam Hasnain

Email: [saltlakeamerican@yahoo.com](mailto:saltlakeamerican@yahoo.com)

Website: [www.saltlakeamericanmuslim.com](http://www.saltlakeamericanmuslim.com)

For more events visit our calendar  
<http://my.calendars.net/multicultural>

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